

Care Transitions

IMPROVING THE QUALITY OF LIFE AND CARE FOR PERSONS
RECEIVING LONG-TERM SERVICES AND SUPPORTS

2nd annual meeting

ltqa

LONG-TERM
QUALITY ALLIANCE

THURSDAY,
FEB. 16
2012

8:00 AM–4:30 PM

National Press Club
529 14th Street, NW
Washington, DC 20045

REGISTER NOW!
See form on back page

Join colleagues as they hear about:

- *Activities and recommendations of LTQA's Quality Measurement and Quality Improvement Workgroups*
- *Evidence-based models and resources that enable organizations to achieve successful care transitions across settings*
- *Strategies and experiences in the adaption of care transition interventions, including some of the barriers and how to overcome the challenges*
- *Current and future educational needs and skills of the workforce necessary to refine and reinforce the components essential for effective care transitions*



2nd annual meeting

8 a.m. to 4:30 p.m.

Thursday, February 16, 2012

National Press Club

529 14th Street, NW

Washington, DC 20045

AGENDA

8:00 – 8:30 Registration and Breakfast

8:30 – 8:45 Welcome

Mary Naylor, PhD, RN, FAAN, Director, NewCourtland Center for Transitions and Health at the University of Pennsylvania, School of Nursing

8:45 – 9:00 Long-Term Quality Alliance Update

Carol Raphael, former President and CEO, Visiting Nurse Service of New York

9:00 – 9:30 Quality Improvement/Best Practices Workgroup

9:30 – 10:00 Quality Measurement/Key Indicators Workgroup

10:00 – 11:00 Promoting Effective Transitions Among Long-Term Care Recipients:
Maximizing on Health Reform Implementation Session

11:00 – 12:00 Nursing Homes and Care Transitions Session

12:00 – 1:00 Lunch

1:00 – 2:00 Community-Based Settings and Care Transitions

2:00 – 3:00 Workforce Education on Care Transitions

3:00 – 4:00 Implementation of Transitional Care Models

4:00 – 4:30 Closing Session

Carolyn Clancy, MD, Director, Agency for Healthcare Research and Quality



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WORKGROUP UPDATES

9:00 – 9:30
**QUALITY
IMPROVEMENT/
BEST PRACTICES**

This update will discuss how to achieve widespread dissemination and adoption of best practices, ideally evidence based, that support and address the person and their family during times of transition and assure appropriate healthcare utilization is important.

LEARNING OBJECTIVES:

- Discuss the landscape of complementary community based and large-scale quality improvements working to improve care transitions for individuals requiring long-term services and supports.
- Learn about the targeted scan of best practices in care transitions that have been demonstrated or have promised to improve outcomes for individuals requiring long-term services and supports.
- Hear about the innovative communities initiative and the interplay of community-based care transitions improvement efforts and the implementation of promising practices to improve outcomes for individuals requiring long-term services and supports.

FACULTY:

Amy E. Boutwell, MD, MPP, Collaborative Healthcare Strategies
Larry Minnix, CEO and President, LeadingAge



9:30 – 10:00
**QUALITY
MEASUREMENT/
KEY INDICATORS**

This update will review “state of” performance measurement, generally, and measures that are relevant to long-term services and support’s different populations, healthcare settings, and provider types, specifically. The panelists will discuss recommendations formulated by the measurement workgroup which prioritize performance measures for public reporting and performance-based payment programs.

LEARNING OBJECTIVES:

- Describe the current state of performance measurement and approach adopted by LTQA for identifying, screening, and recommending measures of care coordination and transitional care.
- Confer on workgroup recommendations regarding strategies to strengthen the evidence and level of generalizability among candidate measures to ensure they meet the highest level of criteria.
- Discuss an agenda for research and measurement development.

FACULTY:

Heather M. Young, PhD, RN, FAAN, Dean, Betty Irene Moore School of Nursing, and
Associate Vice Chancellor for Nursing, UC Davis Health System
Thomas B. Valuck, MD, JD, Senior Vice President, Strategic Partnerships at the National Quality Forum
Jonathan M. Evans, MD, MPH, Associate Professor, School of Medicine, University of Virginia
Associate Professor and Head, Section of Geriatrics



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GENERAL SESSIONS

10:00 – 11:00
PROMOTING
EFFECTIVE
TRANSITIONS
AMONG LONG-
TERM CARE
RECIPIENTS:
MAXIMIZING
ON HEALTH
REFORM IMPL-
EMENTATION

This session will focus on the expected growth of the chronically ill and disabled adult population, the well-documented lapses in healthcare quality and safety during their common transitions in health and healthcare, and the substantive share of costs consumed by those receiving long-term services and supports resulting from ineffective transitions, especially due to gaps in care between the U.S. acute and long-term care setting.

LEARNING OBJECTIVES:

- Discuss the provisions established by the Affordable Care Act that are most likely to advance higher value healthcare, better health, improved quality of life, and reduced costs for adults receiving long-term services and supports.
- Learn how provisions in the Affordable Care Act are unlikely to fulfill this promise without the explicit integration and coordination of long-term services and supports in their design and/or implementation.
- Hear about opportunities beyond those introduced by the Affordable Care Act to achieve a delivery and payment system that honors the needs and recognizes the preferences of chronically ill and disabled adults and their family caregivers and advances higher care.

FACILITATOR: **Mary Naylor, PhD, RN, FAAN**, Director, NewCourtland Center for Transitions and Health at the University of Pennsylvania, School of Nursing

SPEAKERS:

Ellen T. Kurtzman, MPH, RN, FAAN, Assistant Research Professor, School of Nursing, The George Washington University
Mark McClellan, MD, PhD, Director, Engelberg Center for Health Care Reform, and Leonard D. Schaeffer Chair in Health Policy Studies, Brookings Institution
Susan Reinhard, RN, PhD, FAAN, Senior Vice President, AARP



11:00 – 12:00
NURSING HOMES
AND CARE
TRANSITIONS

Care transitions between hospitals and nursing homes, and between nursing homes and home, are often poorly coordinated — resulting in medical errors, higher risks of rehospitalization and duplication of services. This session will look at the scope of the problem and interventions that have shown to be effective.

LEARNING OBJECTIVES:

- Hear about existing definitions of potentially preventable hospitalizations and recommendations for refining the definitions.
- Learn about implications for accountability and what levers could be used to hold organizations accountable.
- Discuss how tools like INTERACT and other interventions/strategies can reduce preventable hospitalizations.

FACILITATOR: **David R. Gifford, MD, MPH**, American Health Care Association

SPEAKERS:

Joseph G. Ouslander, MD, Professor and Senior Associate Dean for Geriatric Programs, Charles E. Schmidt College of Medicine, Florida Atlantic University
Lorenzo Pelly, MD, Medical Director, Valley Grande Manor, Brownsville, TX

GENERAL SESSIONS (continued)

1:00 – 2:00 COMMUNITY- BASED SETTINGS AND CARE TRANSITIONS

This session looks at the scope of the problem of post-hospital discharge transitions to the community and interventions that provide resources and services to patients to promote a high quality and sustained transition post-discharge. Programs will be presented on key components of the models and research findings on the program's success. Attendees will learn the work of the Administration on Aging on care transitions and the role of the aging network.

LEARNING OBJECTIVES:

- Hear about a community-based social model transitions care program to improve post-hospital discharge transitions among low-income elders and addresses unmet psycho-social needs and preliminary findings.
- Learn about the work of the Administration on Aging and the aging networks on care transitions and the lessons learned.

FACILITATOR: **Mimi Toomey**, Director, Policy Analysis and Development, U.S. Administration on Aging

SPEAKERS:

Eileen Kutnick, MS, RD, Consultant

Jack Vogelsong, Chief, Pennsylvania Department of Aging, Bureau of Advocacy, Education and Outreach, Division of Public Education and Outreach

Denise V. Stewart, MSW, Deputy Director, Delaware County, PA Office of Services for the Aging

2:00 – 3:00 WORKFORCE EDUCATION ON CARE TRANSITIONS

The workers play a critical role in the development, adoption and sustainability of quality transitions in care. These transitions rely on multidisciplinary teams, including frontline workers, to implement the protocols for older adults moving across settings. This session will address the role of frontline workers, clinicians and multidisciplinary teams in transitional care and the current and future education and skills needed. The panelists will review key challenges to the development of a quality, competent workforce and what is required to overcome the barriers.

LEARNING OBJECTIVES:

- Identify the key components to educate frontline workers, clinicians and interdisciplinary teams to provide successful transitions of care for older adults.
- Learn the barriers for providing the workforce the required skills and competencies.
- Learn about an integrated academic and field learning project that trains graduate social work students to implement evidence based practices for those with severe mental conditions and how it can be adapted to the long-term care workforce.

FACILITATOR: **Gail Hunt**, President and CEO, National Alliance for Caregiving

SPEAKERS:

Robyn Stone, DrPH, Senior Vice President, LeadingAge Center for Applied Research, LeadingAge

Kathleen McCauley, PhD, RN, ACNS-BS, FAAN, FAHA, Professor of Cardiovascular Nursing and Associate Dean for Academic Programs, University of Pennsylvania

Ellen Lukens, PhD, LCSW-R, Firestone Centennial Professor of Clinical Social Work, Columbia University School of Social Work

3:00 – 4:00 IMPLEMENTA- TION OF TRANSITIONAL CARE MODELS

Researchers devote substantial resources to developing and testing the efficacy of care transitions innovations that improve the quality of care and quality of life for the patient, individuals and their families. Yet translating such innovations into practice is challenging. Panelists will discuss factors and lessons learned about diffusing transitional care interventions into practice; how to bring these transitional care models to scale; and the key research issues.

LEARNING OBJECTIVES:

- Discuss the operational and research considerations for the development and implementation of a care transition model and bringing it to scale.
- Hear the experiences of those who have adapted a care transition intervention and the lessons learned to facilitate a sustainable program (1) a community-based medical model and (2) a care transition model focused on the family caregiver.

FACILITATOR: **Mary Jane Koren, MD, MPH**, Vice President, Long-Term Care Quality Improvement Program, The Commonwealth Fund

SPEAKERS:

Joseph G. Ouslander, MD, Professor and Senior Associate Dean for Geriatric Programs, Charles E. Schmidt College of Medicine, Florida Atlantic University

Patrick Luib, MS, GNP-BC, Manager of Geriatric Clinical Services, VNSNY CHOICE Health Plans

Carol Levine, Director of the Families and Health Care Project, United Hospital Fund

REGISTRATION FORM

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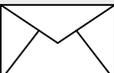
PAYMENT INFORMATION

Registration fee of \$149 includes meeting access, breakfast and lunch. Registration materials will not be mailed and should be picked up on-site at the National Press Club on the day of the event. All registration forms must be accompanied by a valid payment. All cancellation requests must be made in writing to **(304) 724-3007** or via email to **registar@ptfassociates.com**. A refund, minus a \$35 process fee, will be made for requests postmarked by February 2, 2012. All refunds will be issued after the meeting. No refunds will be issued for cancellation requests submitted after February 2, 2012.

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